NOV 0 3 2005

# **Application Data Sheet**

#### Application Information

Application number::

09/576,039

Filing Date::

05/23/00

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

**AUDIO APPARATUS** 

Attorney Docket Number::

006918.00011

Request for Early Publication?::

NO

Request for Non-Publication?;;

NO

Suggested Drawing Figure::

Total Drawing Sheets::

4

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

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#### Applicant Information

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

United Kingdom

Status::

**Full Capacity** 

Given Name::

Andrew

Middle Name::

Family Name::

**Phelps** 

Name Suffix::

Mr.

City of Residence::

Southhampton

State or Province of Residence::

Country of Residence::

United Kingdom

Street of mailing address::

103 Malmesbury Road, Shirley

City of mailing address::

South Hampton

State or Province of mailing address::

Country of mailing address::

**United Kingdom** 

Postal or Zip Code of mailing address::

SO15 5FP

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

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State o	r Pro	vince	of	mailing	address::
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Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence:;

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

## **Correspondence Information**

Correspondence Customer Number::

22907

### Representative Information

Representative Customer Number::

22907

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application:	Parent Filing Date::

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
GB	9913848.9	06/14/99	YES
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### **Assignee Information**

Assignee name::

**Nokia Corporation** 

Street of mailing address::

Keilalahdentie 4

City of mailing address::

FIN-02150 Espoo

State or Province of mailing address::

Country of mailing address::

FINLAND

Postal or Zip Code of mailing address::

02150